Chapter 2 Validation Edits 0001-0499 Individual Updates				
Document Version Number	**Revision Date**	**Revision Page Number(s)**	**Reason for Revisions**	**Revisions Completed By**
Version 7.3	September 29, 2006	2-2-73	Update edit 0346	Anson Haley
Version 7.4	**November 8, 2006**	**Multiple**	**226, 232, 235, 237, 242, 244, 246, 248, 249, 249, 251, 252, 253, 258, 259, 264, 265, 272, 355, 356, 357, 358, 359, 360, 361, 362, 399, 445, 446, 447, 448, 449, 453, 454, 455, 456, 457, 458, 459, 460, 461,**	**Anson Haley**

Edit: ESC 0226 Referring Physician Number Is Missing

Note: Edit 0226 revised October 27, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	00	**All except MRT and PASRR**	Header	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
ECS w/attachment	Deny
Shadow	Pay
POS	Reject
Adjustments	N/A
Special Batch	Deny

Edit Description

Fail this edit when the referring physician number is not entered.

Edit Criteria

If the referring physician number is missing, fail this edit with EOB 0226.

EOB Code

0226 - This claim requires a valid referring physician number – please consult referring physician and resubmit.

ARC Code

16 - Claim/service lacks information, which is needed for adjudication. Additional information is supplied using remittance advice remark codes whenever appropriate.

Remark Code

M68 - Missing, incomplete, invalid attending or referring physician identification.

N286 - Missing, incomplete, or invalid referring provider primary identifier.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0231 Rendering Provider Number Is Missing

Note: Edit 0231 revised October 27, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, M, D	00	All	Detail	No	Yes	0

Disposition	B	M	D
Other	CCF	Deny	Inactive
Paper w/o attach	Suspend	Suspend	Inactive
Paper w/attach	Suspend	Suspend	Inactive
ECS w/o attach	Deny	Deny	Inactive
ECS w/attach	Deny	Deny	Inactive
Shadow	Deny	Deny	Inactive
Point of Service w/o attach	Reject	Reject	Reject
Point of Service w/attach	CCF	Deny	Reject
Voids/Replacement non-check related	Deny	Inactive	Inactive
Voids/Replacement check related	Deny	Inactive	Inactive
Shadow Replacement	Deny	Deny	Inactive
Mass Replacement NH	Deny	Inactive	Inactive
Mass Replacement FIN	Deny	Inactive	Inactive
Mass Adj. Reprocess by EDS SE	Inactive	Inactive	Inactive
Elec. Replacement w/attach or claim note	CCF	Deny	Inactive
Elec. Replacement w/o attach or claim note	Deny	Deny	Inactive
Spend-down EOM auto-initiated Mass Replacement	Deny	Inactive	Inactive
Payer Elec. Replacement	Deny	Deny	Inactive
Special Projects	Deny	Deny	Inactive

Edit Description

Fail this edit when the rendering provider number is missing.

Edit Criteria

If the rendering provider number is missing, fail this edit with EOB 0231.

EOB Code

0231 - Rendering provider number is missing – for professional; the entire nine-digit number must be used and must be in field 24k for CMS-1500 claim form. For dental, the rendering must be in the Adm Field. Please provide and resubmit.

**Per Angela Jackson, at OMPP, inactivate this edit for Dental, until further notice.

ARC Code

16 - Claim/service lacks information, which is needed for adjudication. Additional information is supplied using remittance advice remark codes whenever appropriate.

Remark Code

M68 - Missing, incomplete, invalid attending or referring physician identification.

N290 - Missing, incomplete, or invalid rendering provider primary identifier.

Method of Correction

Claims failing this edit will systematically deny.

Edit: ESC 0232 Rendering Physician Number Is Not in Valid Format

Note: Edit 0232 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, M, D	01	All	Detail	No	Yes	0

Disposition	B	M	D
Other	Deny	Deny	Inactive
Paper w/o attach	Deny	Deny	Inactive
Paper w/attach	Deny	Deny	Inactive
ECS w/o attach	Deny	Deny	Inactive
ECS w/attach	Deny	Deny	Inactive
Shadow	Deny	Deny	Inactive
Point of Service w/o attach	Reject	Reject	Reject
Point of Service w/attach	Reject	Reject	Reject
Voids/Replacement non-check related	Deny	Inactive	Inactive
Voids/Replacement check related	Deny	Inactive	Inactive
Shadow Replacement	Deny	Deny	Inactive
Mass Replacement NH	Deny	Inactive	Inactive
Mass Replacement FIN	Deny	Inactive	Inactive
Mass Replacement Reprocess SE	Inactive	Inactive	Inactive
Elec. Replacement w/attach or claim note	Deny	Deny	Inactive
Elec. Replacement w/o attach or claim note	Deny	Deny	Inactive
Spend-down EOM auto-initiated Mass Replacement	Deny	Inactive	Inactive
Payer Elec. Replacement	Deny	Deny	Inactive
Claims Reprocessed by EDS SE	Suspend	Suspend	Inactive
Special Batch	Suspend	Suspend	Inactive

Edit Description

Fail this edit when the rendering provider number is not in the valid format.

Edit Criteria

If the rendering provider number is not in the valid format, fail the edit with EOB 0232.

Valid provider number format is nine numeric characters (999999999). This edit fails at the detail level for HCFA 1500 medical claims and at the header level for HCFA crossover part B claims where the attending physician identification number is used as the rendering provider number. If the billing provider is the same number as the rendering provider, bypass this edit.

**Per Angela Jackson at OMPP, this edit should be inactive for Dental claim type, until further notice.

EOB Code

0232 - Rendering provider number is invalid – the entire nine-digit number must be used and must be in field 24k – please verify and resubmit.

ARC Code

16 - Claim/service lacks information, which is needed for adjudication. Additional information is supplied using remittance advice remark codes whenever appropriate.

Remark Code

M68 - Missing/incomplete/invalid attending or referring physician identification.

M290 - Missing/incomplete/invalid rendering provider primary identifier.

Method of Correction

Claims failing this edit systematically deny.

Reprocessing and Mass Adjustments will suspend for the reviewer to verify information.

Edit: ESC 0235 Procedure Code Not in Valid Format

Note: Edit 0235 revised October 25, 2006.

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, C, D, H, M, O	00	All	Detail	No	Yes	0

Disposition	B	C, D, H, M, O
Paper Claim	Deny	Deny
Paper w/attachment	Deny	Deny
ECS	N/A	Deny
Shadow	Deny	Deny
POS	N/A	N/A
Adjustments	N/A	Deny
Special Batch	Deny	N/A

Edit Description

Fail this edit when the procedure code is not in a valid format.

Edit Criteria

If the claim's procedure code is not five digits, alphanumeric, fail this edit with EOB 0235.

EOB Code

0235 - The procedure code is not in a valid format – please use a HCPCS or CPT code and the appropriate modifiers when necessary – please verify and resubmit.

ARC Code

181 - **Payment adjusted because this procedure code was invalid on the date of service.**

Remark Code

M67 – Missing, incomplete, or invalid other procedure code(s) and/or date(s).

Method of Correction

Claims failing this edit will systematically deny

Edit: ESC 0242 Secondary Diagnosis Code Invalid Format

> *Note: Edit 0242 revised October 25, 2006.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, **M, O**	00	All	Header	No	Yes	0

Disposition	H, I, L, **M, O**
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Reject
Adjustments	N/A
Special Batch	Deny

Edit Description

Fail this edit when the secondary diagnosis code is not in a valid format.

Provider specialties equal to 250 (DME/medical supply dealer), 260-266 (transportation), and 350-360 (waiver) will bypass this edit.

Edit Criteria

If the claim's secondary diagnosis is not three to five characters, alphanumeric, fail this edit with EOB 0242.

Provider specialties equal to 250 (DME/medical supply dealer), 260-266 (transportation), and 350-360 (waiver) will bypass this edit.

EOB Code

0242 - The secondary diagnosis code is not in the correct format –it should be three to five alphanumeric digits – please verify and resubmit.

ARC Code

47 - This (these) diagnosis (es) are not covered, missing, or are invalid.

D21 - This (these) diagnosis (es) are missing or are invalid.

Remark Code

M64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0244 Third Diagnosis Code Invalid

> *Note: Edit 0244 revised October 25, 2006.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, M, O, L	00	**All except MRT and PASRR**	Header	No	Yes	0

Disposition	H, I, M, O, L
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	N/A
Special Batch	Deny

Edit Description

Fail this edit when the third diagnosis code is not in a valid format.

Provider specialties equal to 250 (DME/medical supply dealer), 260-266 (transportation), and 350-360 (waiver) will bypass this edit.

Edit Criteria

If the claim's third diagnosis is not three to five characters, alphanumeric, fail this edit with EOB 0244.

Provider specialties equal to 250 (DME/medical supply dealer), 260-266 (transportation), and 350-360 (waiver) will bypass this edit.

EOB Code

0244 - The third diagnosis code is not in the correct format – it should be three to five alphanumeric digits – please verify and resubmit.

ARC Code

47 - This (these) diagnosis (es) are not covered, missing, or are invalid.
D21 - This (these) diagnosis (es) are missing or are invalid.

Remark Code

M64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will systematically deny

Edit: ESC 0246 Fourth Diagnosis Code Invalid

Note: Edit 0246 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M, I, L, O, H	00	**All except MRT and PASRR**	Header	No	Yes	0

Disposition	M, I, L, O, H
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Reject
Adjustments	N/A
Special Batch	Deny

Edit Description

Fail this edit when the fourth diagnosis code is not in a valid format.

Provider specialties equal to 250 (DME/medical supply dealer), 260-266 (transportation), and 350-**354** (waiver) and **356-360 (waiver)** will bypass this edit.

Edit Criteria

If the claim's fourth diagnosis is not three to five characters, alphanumeric, fail this edit with EOB 0242.

Provider specialties equal to 250 (DME/medical supply dealer), 260-266 (transportation), and 350-**354** (waiver) and **356-360 (waiver)** will bypass this edit.

EOB Code

0246 – The fourth diagnosis code is not in the correct format – it should be three to five alphanumeric digits – please verify and resubmit.

ARC Code

47 – This (these) diagnosis(es) are not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

M64 – Missing, incomplete, or invalid other diagnosis.

Edit: ESC 0248 Place of Service Is Missing

Note: Edit 0248 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, D, M	00	All	Detail	No	Yes	0

Disposition	B	D	M
Paper Claim	Deny	Deny	Deny
Paper w/attachment	Deny	Deny	Deny
ECS	Inactive	Deny	Deny
Shadow	Deny	Deny	Deny
POS	Reject	Reject	Reject
Adjustments	Inactive	Inactive	Inactive
Special Batch	Deny	Deny	Deny

Edit Description

Fail this edit when the place of service (POS) code is missing.

Edit Criteria

If the Place of Service indicator is missing, fail this edit with EOB 0248.

HCFA-1500 claims and dental claims will fail at the header level.

EOB Code

0248 – The place of service code is missing – the correct format should be two numeric digits between 11 and 99 – please refer to the Provider Manual to verify and resubmit.

ARC Code

16 – Claim or service lacks information that is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.

Remark Code

N38 – Inactivated

M77 - Missing, incomplete, or invalid place of service.

Method of Correction

Claims failing this edit will systematically deny.

Edit: ESC 0249 Place of Service Is Invalid

Note: Edit 0249 revised September 26, 2005.

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, D, M	00	All	Detail	No	Yes	0

Disposition	M	B	D
Other	Deny	Deny	Deny
Paper w/o attach	Suspend	Suspend	Deny
Paper w/attach	Suspend	Suspend	Deny
ECS w/o attach	Deny	Inactive	Deny
ECS w/attach	Deny	Deny	Deny
Shadow	Deny	Inactive	Inactive
Point of Service w/o attach	Reject	Reject	Reject
Point of Service w/attach	Reject	Reject	Deny
Voids/Replacement non-check related	Inactive	Inactive	Inactive
Voids/Replacement check related	Inactive	Inactive	Inactive
Shadow Replacement	Deny	Deny	Inactive
Mass Adj. Void Transaction	Suspend	Suspend	Inactive
Mass Replacement NH	Inactive	Inactive	Inactive
Mass Replacement FIN	Inactive	Inactive	Inactive
Mass Adj. Reprocess by EDS SE	Inactive	Inactive	Inactive
Replacement Processed by EDS SE	Inactive	Inactive	Inactive
Elec. Replacement w/attach or claim note	Deny	Deny	Deny
Elec. Replacement w/o attach or claim note	Deny	Inactive	Deny
Spend-down EOM auto-initiated Mass Replacement	Inactive	Inactive	Inactive
Shadow Mass Replacement	Suspend	Suspend	Deny
Payer Elec. Replacement	Deny	Inactive	Deny
Claims Reprocessed by EDS SE	Deny	Deny	Deny
Special Projects	Suspend	Suspend	Deny

Edit Description

Fail this edit when the format of the place of service (POS) code is not two numeric characters or is not on the POS table.

Edit Criteria

For medical claims – If the POS indicator is not two character numeric or is not on the POS table, fail the edit with EOB 0249.

For dental claims – If the place of service indicator is not 11 (office), 22 (hospital), 23 (ECF), or 99 (other), then fail the edit with EOB 0249. The place of service indicator on dental claims is in the header level.

EOB Code

0249 – The place of service is invalid – the correct format should be two numeric digits between 11 and 99. Please refer to your Provider Manual to verify and resubmit.

ARC Code

16 – Claim or service lacks information that is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.

Remark Code

N38 – Inactivated

M77 - Missing, incomplete, or invalid place of service.

Method of Correction

For paper claims, review to see if the place of service was keyed correctly for the detail failing the edit. Correct if keyed incorrectly and resubmit (Do Not Force). If keyed correctly, then deny the edit.

All other claims failing this edit will be systematically denied.

Edit: ESC 0249 Place of Service Is Invalid

Note: Edit 0249 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, D, M	00	All	Detail	No	Yes	0

Disposition	B	D, M
Paper Claim	Deny	Deny
ECS	N/A	Deny
ECS w/attachment	Deny	Deny
Shadow	Deny	Deny
POS	Reject	Reject
Adjustments	N/A	N/A
Special Batch	Deny	Deny

Edit Description

Fail this edit when the format of the place of service (POS) code is not two numeric characters or is not on the POS table.

Edit Criteria

For medical claims – If the POS indicator is not two character numeric or is not on the POS table, fail the edit with EOB 0249.

For dental claims – If the place of service indicator is not 11 (office), 22 (hospital), 23 (ECF), or 99 (other), then fail the edit with EOB 0249. The place of service indicator on dental claims is in the header level.

EOB Code

0249 – The place of service is invalid – the correct format should be two numeric digits between 11 and 99. Please refer to your Provider Manual to verify and resubmit.

ARC Code

16 – Claim or service lacks information that is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.

Remark Code

N38 – Missing, incomplete, or invalid place of service.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0251 First Modifier Invalid

> *Note: Edit 0251 revised October 25, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M, O	00	All	Detail	No	Yes	0

Disposition	M, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Replacement non-check related	Deny
Voids/Replacement check related	Deny
Shadow Replacement	Deny
Mass Replacement NH	Deny
Mass Replacement FIN	Deny
Mass Adj. Reprocess by EDS SE	Deny
Elec. Replacement w/attach or claim note	Deny
Elec. Replacement w/o attach or claim note	Deny
Spend-down EOM auto-initiated Mass Replacement	Deny
Payer Elec. Replacement	Deny

Edit Description

Fail this edit if the first modifier submitted is not on the Modifier table.

Edit Criteria

If the first modifier submitted on the claim is not on the Modifier table, fail this edit with EOB 0251.

To access the Modifier Maintenance Table, open IndianaAIM and click, Reference, then click, Modifier. All valid modifiers will be listed on this table.

EOB Code

0251 – The first modifier is not valid – please refer to the Provider Manual to verify and resubmit.

ARC Code

16 – Claim or service lacks information that is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.

4 - The procedure code is inconsistent with the modifier used or a required modifier is missing.

Remark Code

M78 – Missing, incomplete, or invalid HCPCS modifier.

No remark code required effective May 18, 2006.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0252 Second Modifier Invalid

Note: Edit 0252 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M, O	00	All	Detail	No	Yes	0

Disposition	M, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Replacement non-check related	Deny
Voids/Replacement check related	Deny
Shadow Replacement	Deny
Mass Replacement NH	Deny
Mass Replacement FIN	Deny
Mass Adj. Reprocess by EDS SE	Deny
Elec. Replacement w/attach or claim note	Deny
Elec. Replacement w/o attach or claim note	Deny
Spend-down EOM auto-initiated Mass Replacement	Deny
Payer Elec. Replacement	Deny

Edit Description

Fail this edit if the second modifier submitted is not on the Modifier table.

Edit Criteria

If the second modifier submitted on the claim is not on the Modifier table, fail this edit with EOB 0252.

To access the Modifier Maintenance Table, open IndianaAIM and click, Reference, then click, Modifier. All valid modifiers will be listed on this table.

EOB Code

0252 – The second modifier is not valid – please refer to the Provider Manual to verify and resubmit.

ARC Code

16 – Claim or service lacks information that is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.

4 - The procedure code is inconsistent with the modifier used or a required modifier is missing.

Remark Code

M78 – Missing/Incomplete/invalid HCPCS modifier.

No remark code required effective May 18, 2006.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0253 Third Modifier Invalid

Note: Edit 0253 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M, O	00	All	Detail	No	Yes	0

Disposition	M, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Replacement non-check related	Deny
Voids/Replacement check related	Deny
Shadow Replacement	Deny
Mass Replacement NH	Deny
Mass Replacement FIN	Deny
Mass Adj. Reprocess by EDS SE	Deny
Elec. Replacement w/attach or claim note	Deny
Elec. Replacement w/o attach or claim note	Deny
Spend-down EOM auto-initiated Mass Replacement	Deny
Payer Elec. Replacement	Deny

Edit Description

Fail this edit if the third modifier submitted is not on the Modifier table.

Edit Criteria

If the third modifier submitted on the claim is not on the Modifier table, fail this edit with EOB 0253.

To access the Modifier Maintenance Table, open IndianaAIM and click, Reference, then click, Modifier. All valid modifiers will be listed on this table.

EOB Code

0253 – The third modifier is not valid – please refer to the Provider Manual to verify and resubmit.

ARC Code

16 – Claim or service lacks information that is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.

4 - The procedure code is inconsistent with the modifier used or a required modifier is missing.

Remark Code

M78 – Missing, incomplete, or invalid HCPCS modifier.

No remark code required effective May 18, 2006.

Remark Code

M78 – Missing/Incomplete/invalid HCPCS modifier.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0258 Primary Diagnosis Code Missing

Note: Edit 0258 revised effective October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, B, C, D, H, I, L, M, O	00	**All except MRT and PASRR**	Header	No	Yes	0

Disposition	A, B, C, D, L, M	H	O
Paper Claim	Deny	Deny	Deny
ECS	Deny	Deny	Inactive
ECS w/attachment	Deny	Deny	**Deny**
Shadow	Deny	Deny	Deny
POS	Reject	Deny	Reject
Adjustments	Deny	N/A	Deny
Special Batch	Deny	Deny	Deny

Edit Description

Fail this edit when the primary diagnosis is missing.

If the claim's provider specialty is equal to 240 (pharmacist), 250 (DME/medical supply dealer), 260-266 (transportation) or 350-360 (waiver), bypass this edit.

Edit Criteria

If the claim's primary diagnosis is missing, fail this edit with EOB 0258.

If the provider specialty is equal to 240 (Pharmacist), 250 (DME/medical supply dealer), 260-266 (transportation) or 350-360 (waiver), bypass this edit.

EOB Code

0258 – Primary diagnosis code is missing – please provide and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA63 – Missing, incomplete, invalid principal diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0259 The Fourth Modifier is Not Valid

Note: Edit 0259 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M, O	00	All	Detail	No	Yes	0

Disposition	M, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Replacement non-check related	Deny
Voids/Replacement check related	Deny
Shadow Replacement	Deny
Mass Replacement NH	Deny
Mass Replacement FIN	Deny
Mass Adj. Reprocess by EDS SE	Deny
Elec. Replacement w/attach or claim note	Deny
Elec. Replacement w/o attach or claim note	Deny
Spend-down EOM auto-initiated Mass Replacement	Deny
Payer Elec. Replacement	Deny

Edit Description

Fail this edit when the fourth modifier is invalid.

Edit Criteria

If the claim's fourth modifier is invalid, fail this edit with EOB 0259.

EOB Code

0259 - The fourth modifier submitted is invalid. Please refer to your provider manual to verify and resubmit.

ARC Code

16 – Claim/service lacks information, which is needed for adjudication. Additional information is supplied using remittance advice remark codes, whenever appropriate.

4 - The procedure code is inconsistent with the modifier used or a required modifier is missing.

Remark Code

M78 – Missing, incomplete, or invalid HCPCS modifier.

No remark code required effective May 18, 2006.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0264 The Date of Service Is Missing

Note: Edit 0264 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
C, D, H, O	00	All	Detail	No	Yes	0

Disposition	C, D, H, O
Paper Claim	Deny
ECS	Deny
ECS w attachment	Deny
Shadow	Deny
POS	Reject
Adjustments	Deny
Special Batch	Suspend

Edit Description

Fail this edit when the service date is missing.

Edit Criteria

If the claim is submitted and the date of service is blank, fail this edit with EOB 0264.

EOB Code

0264 – The date of service is missing – the correct format is MMDDYY – please provide and resubmit.

ARC Code

16 – Claim or service lacks information that is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.

Remark Code

MA52 – Missing, incomplete, or invalid date.

N301 – Missing, incomplete, or invalid procedure date (s).

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0265 The Date of Service Is Invalid

Note: Edit 0265 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, B, C, D, H, I, L, O, Q	00	**All except MRT and PASRR**	Detail	No	Yes	0

Disposition	A, B, D, H, I, L, O, Q	C
Paper Claim	Suspend	Deny
Paper Claim w/attach	Suspend	Suspend
ECS	Deny	Deny
ECS w/attachment	Deny	Deny
Shadow	Deny	Deny
POS	Reject	Reject
Adjustments	Deny	Deny
Special Batch	Suspend	Suspend

Edit Description

Fail this edit when the service date is in a format other than MMDDYY.

Edit Criteria

If the service date is not in MMDDYY format, fail this edit with EOB 0265.

EOB Code

0265 – The date of service is not in the correct format – the correct format is MMDDYY – please verify and resubmit.

ARC Code

16 – Claim/service lacks information, which is needed for adjudication. Additional information is supplied using remittance advice remark codes, whenever appropriate.

Remark Code

M52 – Missing, incomplete, or invalid "from" date(s) of service.

N301 – Missing, incomplete, or invalid procedure date (s).

Method of Correction

Check for keying errors.

Correct any keying errors.

If no keying errors, deny claim with edit 0265.

Edit: ESC 0272 Primary Diagnosis Code Invalid

Note: Edit 0272 revised effective October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, M, O	00	**All except MRT and PASRR**	Header	No	Yes	0

Disposition	H, I, L, M, O
Other	**Deny**
Paper w/o attach	**Deny**
Paper w/attach	**Deny**
ECS w/o attach	**Deny**
ECS w/attach	**Deny**
Shadow	**Deny**
Point of Service w/o attach	**Reject**
Point of Service w/attach	**Reject**
Voids/Rplc non-check related	**Inactive**
Voids/Rplc check related	**Inactive**
Shadow Rplc	**Deny**
Mass Rplc Nursing Home	**Inactive**
Mass Rplc Financial	**Inactive**
Mass Rplc Reprocess by EDS SE	**Inactive**
Elec Rplc w/attach or clm note	**Deny**
Elec Rplc w/o attach or clm note	**Deny**
Spend-down Mass Rplc	**Deny**
Payer Elec Rplc	**Deny**

Edit Description

Fail this edit when the primary diagnosis code is not a valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), **350-354 (waiver), and 356-360 (waiver)** bypass this edit.

Edit Criteria

If the claim's primary diagnosis is not three to five alphanumeric characters, fail this edit with EOB 0272.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), **350-354 (waiver), and 356-360 (waiver)** bypass this edit.

EOB Code

0272 – The primary diagnosis code is not in the correct format – please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA63 – Missing, incomplete, invalid principal diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0355 Fifth Diagnosis Code Invalid

Note: Edit 0355 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, **L, M,** O	00	All	Header	No	Yes	0

Disposition	H, I, O, L, M
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Reject
Adjustments	N/A
Special Batch	Deny

Edit Description

Fail this edit when the fifth diagnosis code is not in the valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the fifth diagnosis code is not three to five characters, alphanumeric, fail this edit with EOB 0355.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0355 – The fifth diagnosis code is not in the correct format – please verify and resubmit the claim with the corrected information.

ARC Code

47 – This diagnosis is not covered, is missing, or is invalid.
D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

M64 – Incomplete or invalid other diagnosis.

Method of Correction

Claims failing this edit will systematically deny.

Edit: ESC 0356 Sixth Diagnosis Code Invalid

Note: Edit 0356 revised November 18, 2003.

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, O, **L, M**	00	All	Header	No	Yes	0

Disposition	H, O, L, M	I
Paper Claim	Deny	Deny
ECS	N/A	Deny
Shadow	Deny	Deny
POS	Reject	Reject
Adjustments	N/A	N/A
Special Batch	Deny	Deny

Edit Description

Fail this edit when the sixth diagnosis code is not in the valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the sixth diagnosis code is not three to five characters, alphanumeric, fail this edit with EOB 0356.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0356 – The sixth diagnosis code is not in the correct format – please verify and resubmit the claim with the corrected information.

ARC Code

47 – This diagnosis is not covered, is missing, or is invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

M64 – Incomplete or invalid other diagnosis.

Method of Correction

Claims failing this edit will systematically deny.

Edit: ESC 0357 Seventh Diagnosis Code Invalid

Note: Edit 0357 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, **L, M,** O	00	All	Header	No	Yes	0

Disposition	H, I, L, M, O
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Reject
Adjustments	N/A
Special Batch	Deny

Edit Description

Fail this edit when the seventh diagnosis code is not in the valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the seventh diagnosis code is not three to five characters, alphanumeric, fail this edit with EOB 0357.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0357 – The seventh diagnosis code is not in the correct format – please verify and resubmit the claim with the corrected information.

ARC Code

47 – This diagnosis is not covered, is missing, or is invalid.
D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

M64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will systematically deny.

Edit: ESC 0358 Eighth Diagnosis Code Invalid

Note: Edit 0358 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, **L**, **M**, O	00	All	Header	No	Yes	0

Disposition	H, I, L, M, O
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	N/A
Special Batch	Deny

Edit Description

Fail this edit when the eighth diagnosis code is not in the valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the eighth diagnosis code is not three to five characters, alphanumeric, fail this edit with EOB 0357.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0357 – The eighth diagnosis code is not in the correct format – please verify and resubmit the claim with the corrected information.

ARC Code

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

M64 – Incomplete or invalid other diagnosis.

Method of Correction

Claims failing this edit will systematically deny.

Edit: ESC 0359 Ninth Diagnosis Code Invalid

> *Note: Edit 0359 revised October 25, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, O	00	All	Header	No	Yes	0

Disposition	H, I, O
Paper Claim	**Deny**
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	N/A
Special Batch	**Deny**

Edit Description

Fail this edit when the ninth diagnosis code is not in the valid format.

Edit Criteria

If the ninth diagnosis code is not three to five characters, alphanumeric, fail this edit with EOB 0359.

EOB Code

0359 – The ninth diagnosis code is not in the correct format - please verify and resubmit the claim with the corrected information.

ARC Code

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

M64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will systematically deny.

Edit: ESC 0360 Admitting Diagnosis Missing

Note: Edit 0360 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim Types Inactive	00	All	Header	No	Yes	0

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

Edit Description

Fail this edit when the admitting diagnosis is missing.

Edit Criteria

If the admitting diagnosis is missing, fail this edit with EOB 0360.

EOB Code

0360 – The admitting diagnosis is missing – please verify and resubmit the claim with the corrected information.

ARC Code

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

M64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

N/A

Edit: ESC 0361 Admitting Diagnosis Code Invalid

Note: Edit 0361 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, I, L	00	All	Header	No	Yes	0

Disposition	A, I, L
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	**Reject**
Adjustments	N/A
Special Batch	Deny

Edit Description

Fail this edit when the admitting diagnosis code is not in the valid format.

Edit Criteria

If the admitting diagnosis code is not three to five characters or alphanumeric, fail this edit with EOB 0361.

EOB Code

0361 – The admitting diagnosis code is not in the correct format - please verify and resubmit the claim with the corrected information.

ARC Code

47 – This diagnosis is not covered, is missing, or is invalid.
D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA65 – One interpreting physician charge can be submitted per claim when a purchased diagnostic test is indicated. Please submit a separate claim for each interpreting physician.

Method of Correction

Claims failing this edit will systematically deny.

Edit: ESC 0362 E-Code Invalid

> *Note: Edit 0362 revised October 25, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
I, O	00	All	Header	No	Yes	0

Disposition	I, O
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	**Reject**
Adjustments	N/A
Special Batch	Deny

Edit Description

Fail this edit when the E-code is not in the valid format.

Edit Criteria

If the E-code is not three to five characters, alphanumeric, fail this edit with EOB 0362.

EOB Code

0362 – The E-code is not in the correct format. Please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, is missing, or is invalid.
D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

M64 – Incomplete or invalid other diagnosis.

Method of Correction

Claims failing this edit will systematically deny.

Edit: ESC 0399 Referring Provider ID Number Is Not in a Valid Format

Note: Edit 0399 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	00	**All except MRT and PASRR**	Header	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Reject
Adjustments	N/A
Special Batch	Deny

Edit Description

Fail this edit when the referring provider number is not in the valid format.

Edit Criteria

If the member has a level of care indicating waiver, the provider specialty is 350 through 354 **or 356 through 360**, and the referring provider number is not in the valid format (nine characters numeric 999999999), fail this edit with EOB 0399.

EOB Code

0399 – This claim cannot be processed for payment. The referring provider number is not in the valid format. Please enter nine character numeric number and resubmit.

ARC Code

16 - Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.

Remark Code

N286- Missing, incomplete, or invalid referring provider primary identifier.

Method of Correction

Claims failing this edit will systematically deny.

Edit: ESC 0445 Tenth Diagnosis Code Invalid Format (Header)

> *Note: Edit 0445 New effective October 25, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	00	All except MRT and PASRR	Header	No	Yes	0

Disposition	H, I, L, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Rplc non-check related	Inactive
Voids/Rplc check related	Inactive
Shadow Rplc	Deny
Mass Rplc Nursing Home	Inactive
Mass Rplc Financial	Inactive
Mass Rplc Reprocess by EDS SE	Inactive
Elec Rplc w/attach or clm note	Deny
Elec Rplc w/o attach or clm note	Deny
Spend-down Mass Rplc	Inactive
Payer Elec Rplc	Deny

Edit Description

Fail this edit if the tenth diagnosis code is not a valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the tenth diagnosis code is not three to five alphanumeric characters, fail this edit with EOB 0445.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0445 – The tenth diagnosis code is not in the correct format – please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0446 Eleventh Diagnosis Code Invalid Format (Header)

Note: Edit 0446 New effective October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	00	All except MRT and PASRR	Header	No	Yes	0

Disposition	H, I, L, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Rplc non-check related	Inactive
Voids/Rplc check related	Inactive
Shadow Rplc	Deny
Mass Rplc Nursing Home	Inactive
Mass Rplc Financial	Inactive
Mass Rplc Reprocess by EDS SE	Inactive
Elec Rplc w/attach or clm note	Deny
Elec Rplc w/o attach or clm note	Deny
Spend-down Mass Rplc	Inactive
Payer Elec Rplc	Deny

Edit Description

Fail this edit if the eleventh diagnosis code is not a valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the eleventh diagnosis code is not three to five alphanumeric characters, fail this edit with EOB 0446.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0446 – The eleventh diagnosis code is not in the correct format – please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0447 Eleventh Diagnosis Code Invalid Format (Header)

> *Note: Edit 0447 New effective October 25, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	00	All except MRT and PASRR	Header	No	Yes	0

Disposition	H, I, L, O
Other	**Deny**
Paper w/o attach	**Deny**
Paper w/attach	**Deny**
ECS w/o attach	**Deny**
ECS w/attach	**Deny**
Shadow	**Deny**
Point of Service w/o attach	**Reject**
Point of Service w/attach	**Reject**
Voids/Rplc non-check related	**Inactive**
Voids/Rplc check related	**Inactive**
Shadow Rplc	**Deny**
Mass Rplc Nursing Home	**Inactive**
Mass Rplc Financial	**Inactive**
Mass Rplc Reprocess by EDS SE	**Inactive**
Elec Rplc w/attach or clm note	**Deny**
Elec Rplc w/o attach or clm note	**Deny**
Spend-down Mass Rplc	**Inactive**
Payer Elec Rplc	**Deny**

Edit Description

Fail this edit if the twelfth diagnosis code is not a valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the twelfth diagnosis code is not three to five alphanumeric characters, fail this edit with EOB 0447.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0447 – The twelfth diagnosis code is not in the correct format – please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0448 Thirteenth Diagnosis Code Invalid Format (Header)

Note: Edit 0448 New effective October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	00	All except MRT and PASRR	Header	No	Yes	0

Disposition	H, I, L, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Rplc non-check related	Inactive
Voids/Rplc check related	Inactive
Shadow Rplc	Deny
Mass Rplc Nursing Home	Inactive
Mass Rplc Financial	Inactive
Mass Rplc Reprocess by EDS SE	Inactive
Elec Rplc w/attach or clm note	Deny
Elec Rplc w/o attach or clm note	Deny
Spend-down Mass Rplc	Inactive
Payer Elec Rplc	Deny

Edit Description

Fail this edit if the thirteenth diagnosis code is not a valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the thirteenth diagnosis code is not three to five alphanumeric characters, fail this edit with EOB 0448.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0448 – The thirteenth diagnosis code is not in the correct format – please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0449 Fourteenth Diagnosis Code Invalid Format (Header)

> *Note: Edit 0448 New effective October 25, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	00	All except MRT and PASRR	Header	No	Yes	0

Disposition	H, I, L, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Rplc non-check related	Inactive
Voids/Rplc check related	Inactive
Shadow Rplc	Deny
Mass Rplc Nursing Home	Inactive
Mass Rplc Financial	Inactive
Mass Rplc Reprocess by EDS SE	Inactive
Elec Rplc w/attach or clm note	Deny
Elec Rplc w/o attach or clm note	Deny
Spend-down Mass Rplc	Inactive
Payer Elec Rplc	Deny

Edit Description

Fail this edit if the fourteenth diagnosis code is not a valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the fourteenth diagnosis code is not three to five alphanumeric characters, fail this edit with EOB 0449.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0449 – The fourteenth diagnosis code is not in the correct format – please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0453 Seventeenth Diagnosis Code Invalid Format (Header)

Note: Edit 0453 New effective October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	00	All except MRT and PASRR	Header	No	Yes	0

Disposition	H, I, L, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Rplc non-check related	Inactive
Voids/Rplc check related	Inactive
Shadow Rplc	Deny
Mass Rplc Nursing Home	Inactive
Mass Rplc Financial	Inactive
Mass Rplc Reprocess by EDS SE	Inactive
Elec Rplc w/attach or clm note	Deny
Elec Rplc w/o attach or clm note	Deny
Spend-down Mass Rplc	Inactive
Payer Elec Rplc	Deny

Edit Description

Fail this edit if the seventeenth diagnosis code is not a valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the seventeenth diagnosis code is not three to five alphanumeric characters, fail this edit with EOB 0453.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0453 – The seventeenth diagnosis code is not in the correct format – please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0454 Eighteenth Diagnosis Code Invalid Format (Header)

Note: Edit 0454 New effective October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	00	All except MRT and PASRR	Header	No	Yes	0

Disposition	H, I, L, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Rplc non-check related	Inactive
Voids/Rplc check related	Inactive
Shadow Rplc	Deny
Mass Rplc Nursing Home	Inactive
Mass Rplc Financial	Inactive
Mass Rplc Reprocess by EDS SE	Inactive
Elec Rplc w/attach or clm note	Deny
Elec Rplc w/o attach or clm note	Deny
Spend-down Mass Rplc	Inactive
Payer Elec Rplc	Deny

Edit Description

Fail this edit if the eighteenth diagnosis code is not a valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the eighteenth diagnosis code is not three to five alphanumeric characters, fail this edit with EOB 0454.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0454 – The eighteenth diagnosis code is not in the correct format – please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0455 Nineteenth Diagnosis Code Invalid Format (Header)

> *Note: Edit 0455 New effective October 25, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	00	All except MRT and PASRR	Header	No	Yes	0

Disposition	H, I, L, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Rplc non-check related	Inactive
Voids/Rplc check related	Inactive
Shadow Rplc	Deny
Mass Rplc Nursing Home	Inactive
Mass Rplc Financial	Inactive
Mass Rplc Reprocess by EDS SE	Inactive
Elec Rplc w/attach or clm note	Deny
Elec Rplc w/o attach or clm note	Deny
Spend-down Mass Rplc	Inactive
Payer Elec Rplc	Deny

Edit Description

Fail this edit if the nineteenth diagnosis code is not a valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the nineteenth diagnosis code is not three to five alphanumeric characters, fail this edit with EOB 0455.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0455 – The nineteenth diagnosis code is not in the correct format – please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0456 Twentieth Diagnosis Code Invalid Format (Header)

Note: Edit 0456 New effective October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	00	All except MRT and PASRR	Header	No	Yes	0

Disposition	H, I, L, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Rplc non-check related	Inactive
Voids/Rplc check related	Inactive
Shadow Rplc	Deny
Mass Rplc Nursing Home	Inactive
Mass Rplc Financial	Inactive
Mass Rplc Reprocess by EDS SE	Inactive
Elec Rplc w/attach or clm note	Deny
Elec Rplc w/o attach or clm note	Deny
Spend-down Mass Rplc	Inactive
Payer Elec Rplc	Deny

Edit Description

Fail this edit if the twentieth diagnosis code is not a valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the twentieth diagnosis code is not three to five alphanumeric characters, fail this edit with EOB 0456.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0456 – The twentieth diagnosis code is not in the correct format – please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0457 Twenty-First Diagnosis Code Invalid Format (Header)

> *Note: Edit 0457 New effective October 25, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	00	All except MRT and PASRR	Header	No	Yes	0

Disposition	H, I, L, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Rplc non-check related	Inactive
Voids/Rplc check related	Inactive
Shadow Rplc	Deny
Mass Rplc Nursing Home	Inactive
Mass Rplc Financial	Inactive
Mass Rplc Reprocess by EDS SE	Inactive
Elec Rplc w/attach or clm note	Deny
Elec Rplc w/o attach or clm note	Deny
Spend-down Mass Rplc	Inactive
Payer Elec Rplc	Deny

Edit Description

Fail this edit if the twenty-first diagnosis code is not a valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the twenty-first diagnosis code is not three to five alphanumeric characters, fail this edit with EOB 0455.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0457 – The twenty-first diagnosis code is not in the correct format – please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0458 Twenty-Second Diagnosis Code Invalid Format (Header)

Note: Edit 0458 New effective October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	00	All except MRT and PASRR	Header	No	Yes	0

Disposition	H, I, L, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Rplc non-check related	Inactive
Voids/Rplc check related	Inactive
Shadow Rplc	Deny
Mass Rplc Nursing Home	Inactive
Mass Rplc Financial	Inactive
Mass Rplc Reprocess by EDS SE	Inactive
Elec Rplc w/attach or clm note	Deny
Elec Rplc w/o attach or clm note	Deny
Spend-down Mass Rplc	Inactive
Payer Elec Rplc	Deny

Edit Description

Fail this edit if the twenty-second diagnosis code is not a valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the twenty-second diagnosis code is not three to five alphanumeric characters, fail this edit with EOB 0458.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0458 – The twenty-second diagnosis code is not in the correct format – please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0459 Twenty-Third Diagnosis Code Invalid Format (Header)

> *Note: Edit 0459 New effective October 25, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	00	All except MRT and PASRR	Header	No	Yes	0

Disposition	H, I, L O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Rplc non-check related	Inactive
Voids/Rplc check related	Inactive
Shadow Rplc	Deny
Mass Rplc Nursing Home	Inactive
Mass Rplc Financial	Inactive
Mass Rplc Reprocess by EDS SE	Inactive
Elec Rplc w/attach or clm note	Deny
Elec Rplc w/o attach or clm note	Deny
Spend-down Mass Rplc	Inactive
Payer Elec Rplc	Deny

Edit Description

Fail this edit if the twenty-third diagnosis code is not a valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the twenty-third diagnosis code is not three to five alphanumeric characters, fail this edit with EOB 0459.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0459 – The twenty-third diagnosis code is not in the correct format – please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0460 Twenty-Fourth Diagnosis Code Invalid Format (Header)

> *Note: Edit 0460 New effective October 25, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	00	All except MRT and PASRR	Header	No	Yes	0

Disposition	H, I, L, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Rplc non-check related	Inactive
Voids/Rplc check related	Inactive
Shadow Rplc	Deny
Mass Rplc Nursing Home	Inactive
Mass Rplc Financial	Inactive
Mass Rplc Reprocess by EDS SE	Inactive
Elec Rplc w/attach or clm note	Deny
Elec Rplc w/o attach or clm note	Deny
Spend-down Mass Rplc	Inactive
Payer Elec Rplc	Deny

Edit Description

Fail this edit if the twenty-fourth diagnosis code is not a valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the twenty-fourth diagnosis code is not three to five alphanumeric characters, fail this edit with EOB 0460.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0460 – The twenty-fourth diagnosis code is not in the correct format – please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 0461 Twenty-Fifth Diagnosis Code Invalid Format (Header)

Note: Edit 0461 New effective October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	00	All except MRT and PASRR	Header	No	Yes	0

Disposition	H, I, L, O
Other	Deny
Paper w/o attach	Deny
Paper w/attach	Deny
ECS w/o attach	Deny
ECS w/attach	Deny
Shadow	Deny
Point of Service w/o attach	Reject
Point of Service w/attach	Reject
Voids/Rplc non-check related	Inactive
Voids/Rplc check related	Inactive
Shadow Rplc	Deny
Mass Rplc Nursing Home	Inactive
Mass Rplc Financial	Inactive
Mass Rplc Reprocess by EDS SE	Inactive
Elec Rplc w/attach or clm note	Deny
Elec Rplc w/o attach or clm note	Deny
Spend-down Mass Rplc	Inactive
Payer Elec Rplc	Deny

Edit Description

Fail this edit if the twenty-fifth diagnosis code is not a valid format.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

Edit Criteria

If the twenty-fifth diagnosis code is not three to five alphanumeric characters, fail this edit with EOB 0461.

If the provider specialty is equal to 250 (DME/medical supply dealer), 260-266 (transportation), 350-354 (waiver), and 356-360 (waiver) bypass this edit.

EOB Code

0461 – The twenty-fifth diagnosis code is not in the correct format – please verify and resubmit.

ARC Code

47 – This diagnosis is not covered, missing, or are invalid.

D21 – This (these) diagnosis(es) are missing or are invalid.

Remark Code

MA64 – Missing, incomplete, or invalid other diagnosis.

Method of Correction

Claims failing this edit will be systematically denied